



**Corporate
Services**

Corporate Accounts Maintenance

PART 1: Fill in ALL Information

Cardmember Account Number:

Name Of Cardmember:

Name Of Company:

Billing Address:

PART II: Complete appropriate sections, Sign, Date and distribute to the locations designed on each copy.

NAME / ADDRESS CHANGE

Name of Cardmember:

Name of Company:

Billing Address:

*NOTE: For name change only, please attach proper authorization

ACCOUNT TRANSFER

FROM:

TO:

Account Number:

Account Number:

CARD REPLACEMENT

Lost

Stolen

Not Received

Embossing Error

Mutilated

Other

CANCELLATION

RESTATEMENT

Reason:

Reason:

Please return card to American Express.

Comments:

Prepared By:

Date:

American Express
Attn: Client Services
20022 North 31st Avenue
Building #2, 3 rd Floor
Phoenix, Arizona 85027